1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-502 - Rochester/Southeast Minnesota CoC

CoC Lead Organization Name: Three Rivers Community Action Inc.

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	River Valleys CoC
Indicate the frequency of group meetings:	Bi-monthly
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	62%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

CoC/committee members are volunteers, meetings are open, and most decisions are made through consensus. Each member has a vote. Participation and conflict of interest requirements and a single vote per agency apply during funding decisions. Each county has a team that serves as "the feet on the ground" for the CoC. Participants who have been homeless receive a stipend and their meeting expenses are covered. Leadership positions within the CoC are elected. The open, inclusive nature of the CoC ensures the process remains fair and transparent. We chose this model to maximize scarce resources through collaboration and networking, bridge a disconnect between the private and the public sectors, eliminate duplication, and build regional capacity.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The CoC would have sufficient capacity if it had contractual authority and adequate planning/admin funds (without a loss of direct services). With few resources and increasing costs, CoC coordination already includes applying for funds, providing project technical assistance/oversight, reviewing APRs/performance, and planning the use of homeless resources. The CoC lead agency already subgrants state and federal funds region-wide, monitors those programs closely, and has the authority to enforce grant compliance, unlike the CoC itself. While the CoC Executive Committee provides direction to the CoC, it is a program that must answer to the lead agency's Board of Directors: one-third private, one-third public and one-third low-income.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive/Exhibit One Committee	Provide oversight, direction to CoC; monitor planning budget and recommend CoC activity; facilitate plenary meetings; staff committee meetings; organize, coordinate and draft annual application; develop discharge protocols and promote their application; monitor program compliance and effective delivery of services and housing assistance; enforce application procedures and policies; report to larger membership	Monthly or more
Projects Planning Committee	Make recommendations on the use of new resources, or on redirecting existing resources; assist with funding decisions about state and local homeless resources; provide insight on housing and homeless developments/projects; advocate for efficient, effective, appropriate use of public resources; facilitate service/housing linkages; report to larger membership	Quarterly
Data & TA Committee	Provide technical assistance to new and struggling projects; recommend and ensure training as needed; mentor new CoC members and grantees; facilitate point-in-time count and other pertinent studies; facilitate Project Community Connect and like events; provide information analysis and dissemination; review APRs and grant applications; ensure CoC representation at HMIS governance meetings; report to larger membership	Monthly or more
Southern Regional Project Steering Committee	Build capacity and partnerships between CoC and leadership in county government, including Human Services, Corrections, Mental Health, Veterans Services Offices; oversee permanent supportive housing projects; implement regional plan to end long-term homelessness; develop county-specific plans to end homelessness; identify local need and potential new or redirected existing resources to address that need; link CoC with state initiatives and staff; inform each other about private and public resources and need; report to larger membership	Quarterly
Homeless Advisory Committee	Provide oversight to Family Homeless Prevention and Assistance, Rural Housing Assistance and Stability, and Homeless Prevention and Rapid Re-housing programs; coordinate the Homeless Response Teams in each of 20 counties; ensure implementation of CoC tasks and directives, plans to end homelessness, Project Connect and similar events and activities; facilitate improved use of and access to mainstream resources; link CoC with state initiatives and staff; report to larger membership	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Three Rivers Community Action, Inc.	Private Sector	Non-pro...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Youth
Minnesota Department of Human Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Blue Earth County Human Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Brown County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Brown County Victims Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
City of Northfield	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Dodge County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Women's Shelter	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Victim Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Salvation Army	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Semcac	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veterans Service Offices- All 20 Counties	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Fillmore County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Workforce Development, Inc.	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fillmore County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Fillmore Family Resources	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth

American Red Cross	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mower Council for the Handicapped	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Welcome Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mower County Housing and Redevelopment Authority	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
First United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
United Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Steele County Food Shelf	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Steele County Human Services	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...
Owatonna/Steele County Housing and Redevelopmen...	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
University of Minnesota Extension Service	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Owatonna Landlord Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Willow Cedar Run Townhomes	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Owatonna Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Family Connections	Private Sector	Businesses	Committee/Sub-committee/Work Group	Youth
Steele County Clothesline, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
C.A.R.E. Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Houston County Human Service	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
June Kjome Place	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Minnesota Valley Action Council	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

Brown County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Martin County Victim's Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Domes...
Faribault-Martin Counties Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Granada Huntley East Chain High School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Faribault County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth, Domes...
Southern Minnesota Regional Legal Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jesus Assembly of God	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
South Central MN Multi-County Housing and Redev...	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Open Door Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
St. Peter Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Life Work Planning Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
St. Peter Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
SMILES	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Nicollet County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Crime Victims Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Community Addiction Recovery Enterprises	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Nicollet County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Committee Against Domestic Abuse	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Gaylord Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Sibley County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...

Waseca Area Neighborhood Service Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Waseca County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Watonwan County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
First Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
First Lutheran Church- Le Seuer	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
South Central Community Based Initiative	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Maxfield Place Men's Shelter	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Welcome Inn / Partners for Affordable Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
House of Hope	Private Sector	Businesses	Committee/Sub-committee/Work Group	Substance Abuse
Theresa House	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Mankato/Blue Earth County EDA/HRA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Lloyd Management, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
La Mano, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Office of the Ombudsman for Mental Health & Dev...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Mankato Department of Public Safety	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Minnesota Assistance Council for Veterans	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Cannon Falls Area Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Common Bond Communities	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Goodhue County Adult Detention Center	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Goodhue County Education District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth

Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Goodhue County Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Red Wing Housing Redevelopment Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Red Wing Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Domestic Vio...
Senior Community Service Employment Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Senior Homework	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Connection Connection	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Joe J.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Divine Mercy Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Faribault Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Domestic Vio...
Friends Anonmymous	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Greenvale Place	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Hope Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Jennie-O Turkey Store	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Community Action Center of Northfield	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Project Home	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Rice County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Rice County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Ruth's House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
State Representative Patti Fritz	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

Bluffview Elementary School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Saint Elizabeth's Medical Center - Community Ou...	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Elgin-Millville School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Plainview Community School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Plainview Migrant Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Southeastern Minnesota Multi-County Housing and...	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Wabasha County Family Services Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Wabasha County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Wabasha Kellogg School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Wabasha Women's Advocacy	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Ecumenical Food Pantry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Alden Food Pantry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Housing	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Lutheran Social Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
US Department of Housing and Urban Development	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Catholic Charities	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Minnesota Coalition for the Homeless	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Department of Corrections	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE

Austin Housing and Redevelopment Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Battered Women's Legal Advocacy Project	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Catholic Charities Refugee Settlement	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Faribault/Rice County Housing and Redevelopment...	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
HOPE Coalition	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Houston County Women's Resources	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Olmsted Community Action Program	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Olmsted County Housing and Redevelopment Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Olmsted County Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Partners for Affordable Housing	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Rochester Family Y-Link	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Southwest Minnesota Housing Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Steele County Transitional Housing	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tri Valley Migrant Head Start	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Zumbro Valley Mental Health	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Amherst H Wilder Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Community Assistance for Refugees	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
VINE Faith in Action	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Le Sueur County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...

Marlis F.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Annie P.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
St. James HRA/ Park Apartments	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
First Congregational UCC	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Hearth Connection	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Freeborn County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
CREST	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Jeff Allman, Developer	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Winona State University	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lisa Flanders	Individual	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
DFO Community Corrections	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
SE MN Association of REALTORS	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Downtown Alliance	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Commissioner Judy Ohly	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Tim Van Riper, Landlord	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Joe Weis, Developer	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Motivation, Education & Training, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Leonard M.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Renee K.	Individual	Formerl...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Le Center Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Mankato Schools, ISD 77	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Centenary United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Disability Law Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
St. Peter Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Addiction Counseling Treatment Services	Private Sector	Businesses	Committee/Sub-committee/Work Group	Substance Abuse
St. James Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Park Apartments	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Le Center Food Shelf	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Presbyterian Food Pantry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Goodhue/Wabasha Sexual Assault	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Haven of Hope Safe Home	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
New Beginnings Pregnancy and Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Red Wing Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Mower County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Serio...
Mower County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Parenting Resource Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Dawn Taylor, Landlord	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Child Care Resource and Referral	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth

Channel One	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Christ United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Community Housing Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Dorothy Day Hospitality House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Interfaith Hospitality Network of Greater Roche...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Intercultural Mutual Assistance Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mayo Social Services	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Choices of SE MN	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Burdens & Blessings	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Cedar House, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Episcopal Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Girl Scouts of MN & WI River Valleys	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Infinity Plus	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Pregnancy Options Life Care	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
United for Kids/ Faribault Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Steele County Law Enforcement	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lifestyle, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Anchor Point Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Lake City Food Shelf	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

St. Felix Social Justice Committee	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Dan Corcoran Home	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Wabasha County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Hiawatha Valley Mental Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Winona Volunteer Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Wabasha County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	g. None, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Total shelter beds went from 182 in 2008 to 173 in 2009. Programs were down a total of 10 family and 8 single beds because they had filled all units but they housed smaller families than in 2008; bed inventory changes with family size. Other shelter programs added 15 family and 6 single beds because of the size and configuration on their guest households on the night of the inventory. Two family beds, previously not dedicated to homeless, were added. Nine family and 7 single beds moved from year-round inventory to seasonal because the programs, dependent on volunteers, are very seldom open. Three single youth beds moved to the voucher column as the provider plans a new youth shelter. A new shelter opened, adding 5 beds to the inventory.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

No safe haven programs in the region in either 2008 or 2009.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Total transitional housing beds went from 289 in 2008 to 279 in 2009. The region lost a total of nine family transitional housing beds because programs were at capacity the night of the inventory, and families served were smaller than those in 2008; bed inventory changes with family size. One program added three family beds because they served more families than singles in 2009 than the previous year. Six family beds were removed from the inventory because they were not dedicated to serving homeless. Ten beds were lost temporarily without displacement of its guests as the provider relocates its facility and merges with another agency. And 12 new beds were added due to project expansion.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The region added a total of 63 scattered site permanent supportive housing beds. By reconfiguring some programs that had previously served only singles so that they may now include families, adding beds through program expansion, and dedicating other existing housing assistance to the chronically homeless, we had a net gain of 29 beds for families with children and 34 for single adults.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MN 502 HIC 2009	11/24/2009

Attachment Details

Document Description: MN 502 HIC 2009

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Initially, HMIS, Point-in-Time Count, and Housing Inventory data were used to determine baseline and usage. These data were then compared with Wilder Study (an every-three-years scientific survey of sheltered and unsheltered homeless in Minnesota) data, records of turnaways from homeless programs, and CoC-generated studies of youth, ex-offender and family homelessness. Provider review and discussion was used to make the final determination.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/01/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inability to integrate data from providers with legacy data systems, Other, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC currently does not have a plan to address the issue of inadequate resources for HMIS. Currently many organizations and funding sources are facing cut-backs in Minnesota, making it an extremely difficult time to secure additional resources. Similarly, the CoC does not have short-term plans for providing incentives for non-mandated providers to participate in HMIS, although the CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation to obtaining HUD and state homeless assistance dollars for our region. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Amherst H. Wilder Foundation
Street Address 1	451 Lexington Parkway North
Street Address 2	
City	St. Paul
State	Minnesota
Zip Code **Format: xxxxx or xxxxx-xxxx**	55104
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	Ph.D.
Telephone Number: (Format: 123-456-7890)	651-280-2700
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	51-64%
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Providers that are not required by their funders to participate in HMIS and who rely heavily on volunteers to operate their shelter programs are unwilling to invest the time and resources necessary to utilize HMIS. In addition, funding has been cut to some programs and we are concerned that without a mandate from a funder to use HMIS they will discontinue doing so. There are two things the CoC is looking at to try to increase the percentage of shelter beds covered in HMIS. We are asking providers to do paper intakes with essential but minimal data elements and have another licensed HMIS user enter and monitor the data for them. And, as always, we continue to search and apply for sufficient new funds to try to bring down the associated costs region-wide, making it more affordable for nonparticipating providers to come aboard.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	31%
* Date of Birth	0%	2%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	0%
* Disabling Condition	1%	2%
* Residence Prior to Program Entry	1%	3%
* Zip Code of Last Permanent Address	3%	12%
* Name	0%	9%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Quarterly
How frequently does the CoC review the quality of program level data?	Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using a "bed utilization tool" designed by Abt Associates to help find inaccurate data entry and has worked with agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates bed utilization tool to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

*** Unique user name and password**	**Annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Annually
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Annually
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Quarterly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	02/28/2005
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	35	62	0	97
Number of Persons (adults and children)	104	189	0	293

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	90	25	0	115
Number of Persons (adults and unaccompanied youth)	93	27	4	124

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	125	87	0	212
Total Persons	197	216	4	417

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	66	4	70
*** Severely Mentally Ill**	38	2	40
*** Chronic Substance Abuse**	53	2	55
*** Veterans**	17	1	18
*** Persons with HIV/AIDS**	2	0	2
*** Victims of Domestic Violence**	104	0	104
*** Unaccompanied Youth (under 18)**	28	0	28

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers:	100%
Transitional housing providers:	100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The state maintains a master list of homeless providers; CoCs work with state staff to ensure it is current. Twice a year emergency shelter and transitional housing providers, as well as all the agencies that can provide motel vouchers to homeless households, receive a survey asking for their one-night homeless counts, and how many are homeless individuals, families, numbers of persons in families with children, or unaccompanied youth. The most recent survey included a request to quantify the numbers of persons who fit into one or more of the subpopulations categories. The State input the data from the survey respondents and shared the results with each CoC. The CoC used HMIS data from the night of the count night to verify the numbers of homeless in each program that uses HMIS. We then followed up with phone calls and/or emails to providers who didn't respond, whose responses left questions, or whose data needed reconciling. We reconciled complete and accurate information from one hundred percent of the providers in our CoC.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The region counted six more sheltered homeless households with dependent children in 2009 than in 2007. The increase in homeless families is likely due to layoffs and foreclosures the region has experienced. The families sheltered in 2009 were smaller, however, leading to a drop in homeless persons in families with children - from 303 to 293. We counted 19 fewer sheltered homeless single adults in households without dependent children in 2009. The drop in unaccompanied homeless adults is reflective of the number of permanent supportive housing beds we have added to the region. It also takes into account the fact that shelters with extremely limited capacity, and that serve families or singles, used more of their space that night for families, and less for singles, than they did in 2007. The total number of homeless persons in emergency shelter or transitional housing dropped from 446 in 2007 to 417 in 2009.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The sheltered survey done by the state included a request for providers to report how many of their guests belonged to one or more of the subpopulations we are asked to quantify. Follow-up calls and emails were generated to any providers that did not respond or whose responses raised questions. One hundred percent of the providers were able to give us that breakdown.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The numbers of homeless people who belong in each of the subpopulations is up across the board, except for victims of domestic violence which dropped slightly. More homeless youth were identified than in previous years and we believe this is because of the relatively new addition of school districts' homeless liaisons who participate in the Continuum; they are in the best position to know of homeless youth and to facilitate gathering information about their needs. The other factor in the increase of the percentages of the homeless population that belong in one or more of the categories is the fact that providers are now collecting and reporting that level of information to the CoC.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count: (select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The sheltered survey was inherently non-duplicative. Providers were asked to fill it out on the 29th of January, and it asked where and how many people stayed the night of the 28th only, leaving no possibility of duplication as no one can be in two places at once. It was statewide and comprehensive; all providers and not just a sampling were surveyed. The providers that we needed to prompt to return the surveys were able to look at their records, HMIS or otherwise, and provide numbers for the point-in-time count.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	X

If Other, specify:

Project Homeless Connect events were held in some communities. In others, a congregate meal, personal items and help with resources were provided by local homeless response teams. Extensive outreach and marketing were conducted to ensure maximum awareness within the homeless community of these events; the CoC now has outreach teams that have developed trust with unsheltered homeless people, improving participation at these events. In all cases, volunteers conducted interviews with those who attended.

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Although we did not ask for any other identifying information, unsheltered homeless who were counted and interviewed were asked for his or her first name and mother's maiden name.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC has secured resources that ensure housing assistance is available to qualifying homeless families with children throughout the 20-county region. New CoC-wide resources provide funds to expand and improve outreach. Relationships that have been established with unsheltered persons who live in camps in Minnesota until October have opened the door to reach unsheltered families that often spend daytime hours at the camps. Outreach is also conducted through the Homeless Response Teams, widely known through county Social Services and school systems. Program information is posted on several websites and available through multiple information and referral numbers. Providers receive referrals from current or former clients and landlords, outreach teams and other providers. They participate in local outreach/education events such as community resource fairs, conduct Project Homeless Connect events, and publish public notices, letters to the editor, and news releases in local papers. Brochures and informational materials are widely available at multiple locations including public places.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Outreach workers and advocates partner with permanent supportive housing staff to locate people living on the streets, outdoors and in places not meant for human habitation, and meet some of their immediate needs by offering bag lunches, bottled water, clean socks and/or winter clothing if needed, and a list of resources and phone numbers. The teams connect with community professionals such as staff at emergency rooms, detox and jail to engage homeless clients wherever they are. After several contacts with clients, the teams will help clients find "housing first" because vulnerable and at-risk homeless people are more responosive to interventions and social services support after they are living in their own safe, affordable housing.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The numbers of unsheltered persons dropped from 33 in 2007 to 4 in 2009 not because there are significantly fewer of them, but because the temperature the night of the count made it impossible for persons to remain outdoors so they doubled up in other people's homes; this was verified during the Project Homeless Connect events held the day of the count. Also, the region added permanent supportive housing beds for this population and many of them are now in housing. The CoC has recently become aware of several homeless camps previously unknown but with large numbers of unsheltered persons who are here for more than half a year every year. It is a fact that they avoid detection by moving often and booby-trapping the camps so they can be gone if someone approaches. Individuals that are starting to trust outreach workers now agree to meet with providers at public places (and some have even become members of the CoC.) This group of people heads south once the birds start migrating. The CoC is planning a warm weather count and hopes to help several of them, most of them chronically homeless, needing permanent supportive housing, and distrustful of the system, into housing if there are sufficient subsidies and services to accommodate them once they return in the spring.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

New flexible service funding for persons with severe chemical dependency has increased our capacity to help chronically homeless adults achieve and sustain permanent housing in 15 scattered site rentals and in 5 units under development. CoC members will continue to identify sources of and apply for services funding in the next 12 months to ensure sustainability and improve outcomes. We cannot create new beds for this population without identifying how we can pay for services so advocacy for increased public funding and fundraising from the private sector are on our agenda. County Heading Home plans to end homelessness are being developed that will encourage a reallocation of local resources. We will utilize Group Residential Housing for the chronically homeless when appropriate. We will also work to build the capacity of regional providers to serve the specific needs of chronically homeless individuals and ignore no opportunity to link housing with comprehensive services.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Our biggest barrier is the scarcity of resources to provide sufficient support to persons who don't qualify for or want to access other public resources. We will advocate for an increase in flexible services and rental assistance funding for the long-term homeless to the MN Dept. of Human Services in the 2011; chronically homeless persons are also long-term homeless. We will expand Hearth Connection's permanent supportive Housing First programs to all 20 counties, and in communities that currently do not have a sufficient supply. Radichel Townhomes is planning an expansion that will add up to 11 units for Veterans and a percentage of those will be for the chronically homeless. We will encourage and prioritize projects utilizing HUD's Permanent Housing Bonus that target the chronically homeless in future competitions. The CoC will not support new affordable developments in the region that apply for State and Tax Credit funding if they do not include units for homeless households.

How many permanent housing beds do you currently have in place for chronically homeless persons?	135

How many permanent housing beds do you plan to create in the next 12-months?	165
How many permanent housing beds do you plan to create in the next 5-years?	185
How many permanent housing beds do you plan to create in the next 10-years?	200

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC will identify where technical assistance is needed and facilitate capacity building to improve outcomes and stability for persons in permanent supportive housing. Mentors or professional TA providers will work with new or struggling programs. Region-wide, under the umbrella of the Homeless Prevention/Rapid Re-Housing and state-funded homeless programs, we will streamline referrals and will take an integrated approach to outreach and barrier assessment. By improving assessments, we will improve the identification of appropriate placements in programs so the likelihood of success increases. We will encourage thoughtfulness regarding how quickly program slots fill up to ensure that adequate case management is available rather than loading up new programs right away and having case loads that are extremely heavy in the first months of a new program. Programs with no early exits will highlight their strategies at CoC meetings. We will find more support services dollars.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC's providers will analyze and adopt outreach, assessment, intake and placement best practices and protocols, and will formerly implement them region-wide. Relationships with landlords will be improved and tenants will all be educated on how to be good renters; landlords will be held accountable for discriminatory practices. We will advocate for homeless households to receive priority placements as policy in subsidized housing across the region. The CoC recognizes that a lot of turnover in permanent supportive housing is due to criminal activity; we will work with corrections and jail diversion programs to reduce this cause. We will encourage the separation of security and property management, and case management, to maximize the development of trust between the case manager and the resident, one of the most important factors in residential stability for this population.

What percentage of homeless persons in permanent housing have remained for at least six months? 65

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 79

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC's transitional housing programs have consistently exceeded this standard. We can sustain or improve it by doing a better job of assessing placements and ensuring that homeless households are served by a component of the continuum that is most appropriate for them; households with less success in transitional housing may be better served in permanent affordable or supportive housing. We also encourage providers to examine their time limits in transitional housing and increase them up to 24 months for households that would benefit from longer assistance. We also will support affordable housing developments in the region and advocate for an adequate supply.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC's transitional housing programs have consistently exceeded this standard. We can sustain/ improve performance by doing an excellent job of assessing placements and ensuring that homeless households are served by a component of the continuum that is most appropriate for them; households with less success in transitional housing may be better served in permanent affordable or permanent supportive housing. We also encourage providers to examine their time limits in transitional housing and increase them up to 24 months (or beyond in limited cases) for households that could likely succeed on their own with longer periods of case management. We will advocate for the state to fund new developments that consider the needs of formerly homeless residents in their planning until there is an adequate supply of affordable housing. Successful programs will mentor those that are less so and best practices will continue to be identified, shared, encouraged, and when possible, required.

What percentage of homeless persons in transitional housing have moved to permanent housing?	86

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 75

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 76

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 77

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has always exceeded this standard but as the number of chronic homeless programs that renew each year grows, we are experiencing declining outcomes, and it has been particularly problematic in the current economic climate. In addition to being homeless and often with disabilities, people we serve have a much harder time finding employment than healthy stable people, and often cannot compete in the job market. Transportation to not only jobs but job training remains a problem. With Workforce Development in a leadership position, we will learn about best practices in transitional and assisted employment and will establish new or stronger relationships with employers. We will approach public and private transportation programs to identify the possibilities those systems offer. We will share best practices at CoC meetings, strengthen job-readiness efforts, and facilitate volunteer or assisted employment to build work histories.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

In the long term, the CoC can be instrumental in changing society's perceptions of homeless people as individuals who do not deserve a job, cannot perform, or will not be reliable. Practically speaking, we will assist motivated employers to develop transitional work programs and/or hire permanent workers from the homeless and formerly homeless populations. We will ensure that people without phones, addresses and bathing facilities can prepare and dress for job interviews so they make good first impressions, and that prospective employers can contact them. We will advocate for ride or transportation programs that can serve employment needs in rural areas where public transportation does not exist or cannot meet those needs, and will encourage employers to consider the lack of transportation when planning trainings etc.

What percentage of persons are employed at program exit? 27

In 12-months, what percentage of persons will be employed at program exit? 40

In 5-years, what percentage of persons will be employed at program exit? 41

In 10-years, what percentage of persons will be employed at program exit? 42

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

With new Homeless Prevention and Rapid Re-housing resources, combined with other existing resources, the CoC is ramping up its outreach efforts to reach homeless households with children. Project Homeless Connect events are being planned in a number of communities. Relationships with schools are being strengthened.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

CoC members will advocate for sufficient affordable housing, living wages, and adequate resources for services. We will prevent homelessness rather than reverse it, and help families into housing without a day of homelessness. We will find ways to stretch and coordinate resources so basic needs safety nets are strong. The needs of children will be identified and met, and providers will develop practices that will help children from homeless families achieve maximum stability in school.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	97
In 12-months, what will be the total number of homeless households with children?	95
In 5-years, what will be the total number of homeless households with children?	90
In 10-years, what will be the total number of homeless households with children?	85

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The CoC assesses the effectiveness of discharge plans by annually reviewing a sample of them. We look for a plan that engages the participant in its development, uses community supports and housing resources, and stresses independent living skills. We survey housing providers annually about the numbers of people who came directly from institutions to their programs, and we query unsheltered homeless we interview during the annual point-in-time count about their discharges from institutions, if applicable. CoC representatives meet with discharge planners to strategize successful, low-cost ways to end exits to homelessness. The CoC does not have enforcement authority and cannot impose requirements on a non-compliant provider but can and will make a formal complaint to the provider as well as to the oversight authority for the agency in question. The CoC shares housing availability information with local discharge planners who report difficulty accessing housing resources for participants, provides discharge planners opportunities to present at CoC meetings, advocates for comprehensive housing planning policies to facility and care system boards, and participates in case-specific discharge planning if so requested. Engaged stakeholders are homeless providers, nonprofits, county Human Services and Corrections, mental health and CD treatment providers, schools, landlords, HRAs, Legal Services, churches, the YMCA and Workforce Development.

Health Care:

Discharge planning includes placement of patients being discharged. Referrals to county staff or care management specialists are made as needed. Following admission, assessments identify anticipated post-discharge needs, including housing, assistance available from family and friends, and resources in the community that can help with care, housing stability and financial resources. The CoC assesses the effectiveness of discharge plans by annually reviewing a sample of them and surveying housing providers about the numbers of people who came directly from institutions to their programs. We query unsheltered homeless about their experiences with discharges. The CoC does not have enforcement authority and cannot impose requirements on a non-compliant provider but will make a formal complaint to the provider as well as to the oversight authority for the agency in question. The CoC shares housing availability information with local discharge planners, provides them opportunities to present at CoC meetings, advocates for comprehensive housing planning policies to facility and care system boards, and participates in case-specific discharge planning if so requested. People are routinely discharged to home, care or treatment facilities, foster care, or jail. Engaged stakeholders are homeless providers, nonprofits, county Human Services and Corrections, mental health and CD treatment providers, schools, landlords, HRAs, Legal Services and churches.

Mental Health:

The county of residence will receive at least three days notice of discharge. Mental Health facilities plan with counties and providers to coordinate after-care, including housing placement if needed, and support services. Intensive Residential Treatment facilities, community mental health centers, and State Operated Services maintain separate discharge planning protocols. The CoC assesses the effectiveness of discharge plans by annually reviewing a sample of them and surveying housing providers about the numbers of people who came directly from institutions to their programs. We query unsheltered homeless about their experiences with discharges. The CoC does not have enforcement authority and cannot impose requirements on a non-compliant provider but will make a formal complaint to the provider as well as to the oversight authority for the agency in question. The CoC shares housing availability information with local discharge planners, provides them opportunities to present at CoC meetings, advocates for comprehensive housing planning policies to facility and care system boards, and participates in case-specific discharge planning if so requested. People are routinely discharged to their homes or to community-based residential facilities. Engaged stakeholders are homeless providers, nonprofits, county Human Services and Corrections, mental health and CD treatment providers, schools, landlords, HRAs, Legal Services, churches, and Workforce Development.

Corrections:

Within 72 hours of incarceration inmate is apprised of Community Assessment & Reintegration service. CARE teams: coordinator, probation officer, medical and mental health workers, county financial and child support workers, employment counselor, VSO. A post-discharge housing plan is developed. Follow-up with ex-offender is done for 90 days. The CoC assesses the effectiveness of discharge plans by annually reviewing a sample of them and surveying housing providers about the numbers of people who came directly from institutions to their programs. We query unsheltered homeless about experiences with discharges. The CoC doesn't have enforcement authority and can't impose requirements on a non-compliant provider but will make a formal complaint to the provider and the oversight authority for the agency in question. The CoC shares housing availability information with discharge planners, provides them opportunities to present at CoC meetings, advocates for comprehensive housing planning policies to facility and care system boards, and participates in case-specific discharge planning if requested. People are routinely discharged to home, care or treatment facilities, foster care, halfway houses, transitional living centers, diversion programs and scarce rental housing that will take them. Engaged stakeholders are homeless providers, nonprofits, county Human Services and Corrections, mental health and CD treatment providers, landlords, HRAs, Legal Services, and Workforce Development.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	Create suitable living environments and provide decent affordable housing for availability and accesibility through acquisition; rental rehab; new construction; emergency rent, mortgage and utility assistance; emergency shelter; and homelessness prevention.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC was the convener of a series of public planning meetings for new HPRP resources that were publicized widely and often. All stakeholders in the region were encouraged to attend. The decision was made that the region would develop two collaborative applications with 8 participating nonprofit agencies and would encompass all 20 counties; Human Service Directors in each supported it. Agencies that were not interested in being a grantee or subgrantee but did want to ensure their clients would have access to the new resources agreed to participate in the new program through referrals. They supported the approach which uses existing infrastructure for state-funded Family Homeless Prevention and Assistance and HUD Rural Housing Assistance and Stability Programs. Several subsequent meetings were held to identify partners and roles, to draft the applications and to plan the delivery of services. The CoC Coordinator participated in all information, planning and training meetings, participated in all webinars and watched all webcasts, and is part of a statewide services funding committee that is researching best practices, developing common protocols and drafting a how-to manual. Her main purpose was to inform CoC members and ensure that their ideas and experiences informed decision makers. The two programs, together, are developing common policies, procedures and forms, and both, as well as FHP and RHASP, are overseen by the Homeless Advisory Committee and the CoC.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

NSP resources are available in only three communities in our CoC region. The CoC lead agency (a CHDO) is also, however, the lead agency for the NSP activity occurring in them. NSP is a collaborative effort to purchase foreclosed homes, rehab them and sell them at affordable prices to low-income households. Homeownership is an integral component of the continuum of housing and, through NSP, CoC members are performing effective outreach, providing budget and credit counseling as well as pre- and post-purchase education, linking potential homeowners with other community and/or mainstream supports, and offering attractive mortgage products and significant subsidies. Marketing of the program is also being targeted heavily towards minority households. There is a significant portion of the homeless population that, with knowledge and support, could become good stable homeowners and pay less for their housing than if they rented.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	22	**Beds**	68	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	**%**	65	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	94	**%**	86	**%**
Increase percentage of homeless persons employed at exit to at least 19%	60	**%**	40	**%**
Decrease the number of homeless households with children.	81	**Households**	97	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The region added 68 chronic beds through program expansion (4 more are being developed) by securing support resources ensuring residents in the new units will be adequately served, at least for the next couple years. But we fell short on our other proposed achievements. Two of the 3 HUD performance standards were exceeded - have been consistently for years - but CoC members believe we set our targets too high in 2008. The population these programs serve has numerous barriers to stability; people who have better potential for self-sufficiency are generally served with other resources. As new chronic projects begin renewing annually, APRs will reflect higher percentages of chronically homeless individuals and fewer households with less severe barriers. CoC members would like to feel that if we set our sights as high as we have in the past, we could achieve that great performance, but consensus is that we would be very unrealistic if we did so. While we believe we can improve the stability factor for persons in permanent supportive housing through efforts outlined earlier in this application so we meet the national standard, we don't believe that we can consistently improve our transitional housing performance or the numbers who exit with employment income though we will continue to strive to meet or exceed the national standards. The region was on track to reduce the numbers of homeless families with children as planned until the failing economy led to layoffs and foreclosures.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	43	11
2008	32	41
2009	70	63

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

68 - all scattered site; 4 under under development

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	$0	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The numbers of chronically homeless increased from 32 in 2008 to 70 in 2009 because our shelter providers are gathering information about the characteristics of their guests and the length of their homeless episodes, something they previously had not generally done. We believe previous data reflected undercounts.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	58
b. Number of participants who did not leave the project(s)	138
c. Number of participants who exited after staying 6 months or longer	22
d. Number of participants who did not exit after staying 6 months or longer	106
e. Number of participants who did not exit and were enrolled for less than 6 months	32
TOTAL PH (%)	65

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	22
b. Number of participants who moved to PH	19
TOTAL TH (%)	86

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 231

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	35	15	%
SSDI	14	6	%
Social Security	2	1	%
General Public Assistance	16	7	%
TANF	39	17	%
SCHIP	0	0	%
Veterans Benefits	7	3	%
Employment Income	93	40	%
Unemployment Benefits	6	3	%
Veterans Health Care	0	0	%
Medicaid	97	42	%
Food Stamps	97	42	%
Other (Please specify below)	62	27	%
Child Support; Section 8; WIC; MSA; disability; insurance payment; annuity; GAMC; MnCare; Medicare; SS survivor's benefits			
No Financial Resources	53	23	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs.

We review APRs and provide feedback on accuracy/clarity before submission. Once submitted, reviewed and responded to, it is presented to the CoC; APRs are a standing agenda item at all CoC meetings. The grantee provides the cover letter from HUD and explains how they responded to any findings. The grantee also provides information from the APR about income, goals and support services, including their client's use of mainstream resources. If it is apparent that they are being under-utilized, technical assistance will be given to the provider to ensure they fix this deficiency. All grantees will complete the applicable performance charts for Exhibit 1 and explain poor (or great) performance. The grantee must answer questions from the membership and agree to act on any deficiencies the committee identifies. If available, projects' representatives are also asked to share client satisfaction surveys, results of site and/or monitoring visits, and the agencies' most current financial audits.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If "Yes", indicate all meeting dates in the past 12 months.

11-20-08; 3-19-09; 6-18-09; 10-15-09; 11-19-09

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Both
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes

If "Yes", specify the frequency of the training. Quarterly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

SSI, SSDI, Social Security, General Public Assistance, TANF, SCHIP, Veterans Benefits, Unemployment Benefits, Veterans Health Care, Medicaid, Food Stamps, Section 8 and WIC.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

1-21-09; 6-8-09

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	91%
Through case management, using the Bridges to Benefits assessment tool, participants are assessed for eligibility and need for mainstream and community services. They are assisted in completing and submitting the forms, may be helped with transportation to meetings, are advocated for and helped with appeals during the process, and follow-up contacts with the service provider are made to ensure the assistance is received. Case management for several months ensures timely and comprehensive assistance and compliance with requirements, if any, of the assistance provider.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	65%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	91%
Combined Application Form for TANF, Food Support, GA, EA, MN Supplemental Aid and MNCare.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	67%
4a. Describe the follow-up process:	
We ensure the client has signed a release of information with the county and/or other mainstream resource provider to share information. Case managers check with the client during case managment meetings and if necessary will follow up with the provider or give help to the client to do so for himself. Dedicated advocates for specific resources such as SSDI are brought in when when deemed appropriate.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part B

Part B - Page 1

State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	Yes
2. Does your state require that a local jurisdiction?s comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	Yes
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	Yes
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	Yes

Part B - Page 2

10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	Yes
11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at http://www.huduser.org/publications/destech/smartcodes.html.	Yes
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state?s own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.	No
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	Yes
14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.	No
15. Has the state undertaken any other actions regarding local jurisdiction?s regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Ruth"s House Supp...	2009-11-11 13:15:...	1 Year	Ruths House of Ho...	102,494	Renewal Project	SHP	PH	F
Maple Hills Shelt...	2009-11-09 16:20:...	1 Year	Rice County Housi...	65,148	Renewal Project	S+C	SRA	U
Red Wing Shelter ...	2009-11-23 09:42:...	5 Years	Red Wing Housing ...	120,960	New Project	S+C	TRA	P1
Southern Project ...	2009-11-19 14:27:...	1 Year	Supportive Housin...	185,976	Renewal Project	SHP	PH	F
Shelter Plus Care	2009-11-09 14:15:...	1 Year	Olmsted County Co...	137,760	Renewal Project	S+C	SRA	U
Maxfield Place	2009-11-09 10:39:...	1 Year	The Salvation Army	145,166	Renewal Project	SHP	PH	F
Chamomile Transit...	2009-10-21 13:00:...	1 Year	Three Rivers Comm...	149,665	Renewal Project	SHP	TH	F
Progress Program	2009-11-05 17:27:...	1 Year	Steele County Tra...	23,751	Renewal Project	SHP	TH	F
Rivertown Homes	2009-11-13 11:16:...	1 Year	Partners for Affo...	12,098	Renewal Project	SHP	PH	F
Paul and Dorothy ...	2009-11-20 17:44:...	1 Year	Minnesota Assista...	152,250	Renewal Project	SHP	PH	F
HMIS Southeast	2009-11-15 21:09:...	1 Year	Amherst H. Wilder...	20,554	Renewal Project	SHP	HMIS	F
June Kjome Place ...	2009-11-05 12:17:...	1 Year	Houston County Wo...	35,332	Renewal Project	SHP	TH	F
Castleview Apartm...	2009-11-06 10:41:...	1 Year	The Salvation Army	85,575	Renewal Project	SHP	PH	F

Southeast ern Minn...	2009-11-09 14:51:...	1 Year	Three Rivers Comm...	175,915	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$1,088,776
Permanent Housing Bonus	$120,960
SPC Renewal	$202,908
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MN 502 Certificat...	11/24/2009

Attachment Details

Document Description: MN 502 Certifications of Consistency